## DR. MORSE'S HERBAL HEALTH CLUB hone: (941) 766-8068 · Fax: (941) 766-8067 www.drmorsesherbalhealthclub.com

Short Form Health Assessment

First Name:		Las	t Nan	ne:		Today's Date:	Today's Date: Male O		
Height: ft. in.		Weight:			lb	s. Date of Birth: Age:	Female C		le O
Bowel Movements per day: 0 I		2	· ·				Left:		
Do you, or have you ever had difficulty with any of the following? Please check those that apply.									
Thyroid (Glandular System)	Cold Hands or Feet / Difficulty Warming List:	Current 🔿	Past	0	dder /	Hepatitis A, B, or C	Current 🔿	Past	0
	Irregular Heart Beat / Arrythmia's (Also Adrenals/Cardiovascular)	Current 🔿	Past	0	Gallbladder Blood	Anemia	Current 🔿	Past	0
	Overweight	Current 🔿	Past	0	er/G B	Jaundice: Skin / Eyes	Current O	Past	0
	Low Energy / Always Tired	Current 🔿	Past	0	Liver/	Light Colored or White Stools	Current 🔿	Past	0
	Goiter / Hashimoto's / Grave's	Current O	Past	0	Cardiovascular	Myocardial Infarction (Heart Attack)	Current O	Past	0
	Hypo or Hyper-Thyroid	Current 🔿	Past	0	ovas	Pacemaker / Stents	Current O	Past	0
Parathyroid	Mental Health Challenges (Depression, OCD, Anxiety etc.)	Current 🔿	Past	0	Cardi	Angina / Chest Pain / Chest Pressure	Current 🔿	Past	0
	Hemorrhoids / Prolapse of Any Tissue	Current O	Past	0		Dermatitis / Eczema / Psoriasis	Current O	Past	0
	Osteoporosis /Osteopenia/ Scoliosis	Current O	Past	0	Skin	Dry, Itchy Skin or Overly Oily Skin	Current 🔿	Past	0
	Spinal Deterioration / Herniated Discs / Bone Spurs	Current 🔿	Past	0		Blemishes / Rashes / Acne (Also Kidneys/Lymphatic)	Current O	Past	0
	Is Your Bladder: Strong	A Few Leaks	We			Dandruff	Current O	Past	0
	Hernia? Where?	Current 🔿				How Much Do You Sweat? Low (Also Thyroid)	Medium	Exce	
Pancreas	Acid Reflux / Heartburn / Indigestion	Current 🔿	Past	0		Cold & Flu-like Symptoms	Current 🔿	Past	0
	Undigested Food in Stool	Current 🔿	Past	0		Swollen Lymph Nodes	Current 🔿	Past	0
	Slow Digestion	Current 🔿	Past	0		'Cancer' Anywhere in the Body	Current 🔿	Past	0
Adrenals (Glandular System)	MS / ALS / Parkinson's / Palsy	Current 🔿	Past	0	stem	Non-Malignant Masses Anywhere in the Body	Current O	Past	0
	Any "Itis" Condition? (Arthritis, Bursitis, etc.) Please list:	Current 🔿	Past	0	Lymphatic System	Gout / Toxemia / Cellulitis	Current O	Past	0
	High Blood Pressure/ Low Blood Pressure (Also Kidneys)	Current O	Past	0		Poor Memory / Brain Fog	Current O	Past	0
	Diabetes : TYPE I / TYPE II (Also Pancreas)	Current 🔿	Past	0		Hair Loss	Current O	Past	0
	Sleep Challenges (getting to/staying asleep) (Also Pineal/Pituitary)	Current 🔿	Past	0		Edema (Fluid Retention)	Current O	Past	0
	ADD / ADHD / Autism	Current 🔿	Past	0		AIDS / HIV +	Current O	Past	0
Gastro-Intestinal Reproductive Tract	Irregular Menses (Also Pituitary)	Current O	Past	0		Weak Bladder / Incontinence (Also Parathyroid)	Current 🔿	Past	0
	Ovarian Cysts / Fibroids / Fibrocystic Breasts	Current 🔿	Past	0	Bladder	Kidney Stones	Current 🔿	Past	0
	Difficulty Conceiving	Current 🔿	Past	0	& Bla	Nephritis / Kidney Failure	Current 🔿	Past	0
	Low / Excessive Sex Drive	Current 🔿	Past	0	eys {	UTI / Bladder Infection / Cystitis	Current 🔿	Past	0
	Prostate Problems	Current 🔿	Past	0	Kidneys &	Lower Back Weakness / Lack of Strength	Current O	Past	0
	Crohn's / Colitis / Gastritis / Enteritis /Diverticulitis	Current 🔿	Past	0	×	Sciatica	Current O	Past	0
	Diarrhea / Constipation / Gas	Current O	Past	0	ory n	Bronchitis / Asthma / COPD / Emphysema	Current O	Past	0
	Stomach / Intestinal Ulcers	Current 🔿	Past	0	Respiratory System	Collapsed Lung: Right or Left	Current O	Past	0
	Coated Tongue (white, yellow, green, brown) List:	Current O	Past	0	Res Sy	Painful Breathing / Difficulty Breathing / SOB (Also Adrenals)	Current O	Past	0
What is your biggest health concern?									

Are you taking any herbal formulas or medications? Please list: